Transcript of the Testimony of **IDD-TAC Meeting**

Date: May 8, 2019

Case: Intellectual and Development Disabilities Technical Advisory Meeting

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COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING

275 EAST MAIN STREET

FRANKFORT, KENTUCKY 40621

DATE:

MAY 8, 2019

10:00 A.M.

A T T E N D E E S:

Judy Theriot, Medical Director for Medicaid
Rick Christman - KAPP
Johnny Callebs - KAPP
Lisa Elstun - KAPP
Katie Bentley, CCDD
Pam Smith - DMS
Wayne Harvey - KAPP
Cheri Ellis-Reeves
Sherri Brothers, Arc of Kentucky
Brittany Knoth, Path Forward of Kentucky
Erin Davis, Prince Care Group
Chris Heldman, Molina
Shawna Dellecave, Council on DD
Alice Blackwell, DDID
Tracy Ruth, Kaleidoscope
Kathy Davidson, Tri-Generations
Camille Collins
Melissa Marvel, Zoom Group
Rick Searcy, Wendell Foster
Christina Schwindel, Home of the Innocents
Debbie Aaron, Tri-Generations
Kathy Jones, Reach For The Stars
Karen Gardner, Tri-Generations

Aji Jacobi, Employment Solutions
Kelly Dockter-Dean, Humana Caresource
Donna Turner, Tri-Generations
Eric Scharf, Wendell Foster
Stuart Owen, Well Care
Tonya Raymer, DAIL
Laura Sanders, DCBS
Liz Stearman, Anthem
Micah Cain, Passport
Todd Melton, Wendell Foster
Ryan Wilkerson, Wendell Foster
Sharla Hughes, DMS

MR. CHRISTMAN: Glad to see so many people here.

MS. HUGHES: You do have a quorum.

MR. CHRISTMAN: We do have a quorum. Let's go around the room as we usually do -- and I want to let everybody know, we do this pretty informally. So even though if you are not a member of the TAC, when we have these discussions everybody is free to participate and ask questions or comment as much as you want to. That's why we like to see a large group here.

And I'm Rick Christman. I represent KAPP and I'm the co-chair of this group.

MS. BROTHERS: I'm Sherri Brothers. I represent the Arc of Kentucky and I'm a co-chair also.

MS. BENTLEY: Katie Bentley from the Commonwealth Council on Developmental Disabilities.

MS. ELLIS-REEVES: Cheri Ellis-Reeves. I have a family member in an immediate care facility.

MS. ELSTUN: Lisa Elstun with Dungarvin.

MR. HELDMAN: I'm Chris Heldman with

Molina Healthcare.

MR. MELTON: I'm Todd Melton. I'm the Director of residential for Wendell Foster.

MR. WILKERSON: I'm Ryan Wilkinson. I am the community support coordinator at Wendell Foster.

MS. STEARMAN: Liz Stearman, Behavioral Health, Anthem.

MR. CALLEBS: Johnny Callebs.

MS. DELLECAVE: I'm Shawna Dellacave from the Council on Developmental Disability in Louisville.

MS. KNOTH: Brittany Knoth with Path Forward of Kentucky.

MS. DAVIS: Erin Davis, Mariposa Place.

MS. RUTH: Tracy Ruth, Kaleidoscope.

MS. SCHWINDEL: Christina Schwindel, Associate Director of Community Based Services at Home of the Innocents in Louisville.

MS. RAYMER: Tonya Raymer, Department of Aging and Independent Living.

MS. THERIOT: Judy Theriot, I'm the Medical Director for Medicaid.

MS. SMITH: Pam Smith, Division

Director with Medicaid.

MS. HUGHES: Sharla Hughes with Medicaid.

MR. HARVEY: Wayne Harvey also with KAPP.

MS. SANDERS: Laura Sanders, DCBS.

MS. JACOBI: Aja Jacobi, Employment Solutions.

MS. DOCKTER-DEAN: Kelly Dockter-Dean, Humana Caresource, Provider Engagement.

MS. AARON: Debbie Aaron, residential supervisor at Tri-Generations.

MS. JONES: Kathy Jones, case manager supervisor at Reach For The Stars Case Management.

MS. GARDNER: Karen Gardner, Tri-Generations of Central Kentucky.

MS. BLACKWELL: Alice Blackwell with DDID.

MR. CAIN: Micah Cain with Passport.

MS. TURNER: Donna Turner with Tri-Generations of Central Kentucky.

MR. SCHARF: Eric Scharf with Wendell Foster.

MR. OWEN: Stuart Owen with Well Care.

MR. CHRISTMAN: And our new guest?

MS. DAVIDSON: Kitty Davidson with Tri-Generations of Louisville.

MS. HUGHES: Just to help our court reporter, if somebody other than the TAC members speak, if they could give their name.

MR. CHRISTMAN: This is being transcribed so every word you say will be recorded.

Have we received the March of 2019 minutes? I believe so.

MS. HUGHES: I'm pretty sure I sent them out.

MR. CHRISTMAN: Everybody happy with them. Not much to dispute since they're verbatim. Make a motion to approve?

MS. BROTHERS: I'll motion.

MR. HARVEY: I'll second that motion.

MR. CHRISTMAN: All in favor?

ALL MEMBERS: Aye.

MR. CHRISTMAN: Did you want to talk about recording of meetings? You had that as an agenda item.

MS. BROTHERS: As long as we have somebody transcribing our minutes. I wanted to make sure we had some kind of formal minutes, that we're still having that. Because I know at the MAC meeting they had stated that we would no longer have that available to us.

MS. HUGHES: No, that's not been stated. We have --

MS. BROTHERS: I thought they said that we were going to cut down on those.

MS. SMITH: They advised it was not a requirement for us to have a -- the recording and to have the reporter here, but we did not change that process.

MS. HUGHES: The MAC made that recommendation but the open meetings statute states that there has to be a recording of any meetings.

MS. BROTHERS: I wanted to make sure. As long as we have that, that's all I wanted.

MR. CHRISTMAN: Also Sherri, you brought up medical necessity of goods and services, I know we're not getting to specific billing issues but you had a general comment on what defines goods and services.

MS. BROTHERS: Yes, I had several questions about that especially in relation to YMCA memberships and college. And my question is on the KRS 13A.130 like Medicaid -- as far as like writing new regulations, like in a memorandum, like specific to individuals, not receiving like medically -- you know how it states like medically necessary in the goods and services? What is considered medically necessary?

MS. SMITH: It is outlined specifically in the regulation. So each regulation has -- under goods and services it has the criteria that makes that considered for that appropriate for requesting and for covering.

MS. BROTHERS: But is Medicaid, can you make a memorandum that -- can they change the regulation without --

MS. SMITH: The regulation hasn't been changed. What happened is there were things that were being approved that should not have been and so -- that were not following the regulation.

However, we are getting ready to -- we've

met with both DME and we're also meeting with EPSDT and there will be one final clarification sent out with a process for goods and services and specialized medical equipment.

What we found were there were things being requested that had been denied as not being needed through state plans, or people weren't requesting at all through state plan when it could be covered because it was easier to go through waiver. And so CMS requires us if it is covered in state plan that it needs to be -- it has to go through state plan before waiver dollars can be used.

And that's just a more efficient use of the individual's dollars as well because then you have more available for things that are not covered through the state plan service. But we had requests for things such as like a $15,000 hospital bed and mattress. If you need -- if someone needs that type of a specialty mattress durable medical equipment is the place that it needs to be received, not through waiver.

But there will be -- that is -- there's one more meeting that's happening on Monday. So next week there will be a letter coming out that

outlines goods and services and specialized medical equipment one more time, the process, and what to do if you are having -- if a provider is having trouble finding a vendor to supply a good or service or equipment.

MS. BROTHERS: I guess I'm concerned about like a blanket exclusion of gym memberships.

MS. SMITH: It has to meet the regulatory requirement which is -- and I don't have it in front of me, but it's individualized that it promotes independence -- I don't want to quote it without it in front of me because all of them are just a slight bit different.

But the language is specifically outlined in the regulation under goods and services.

MR. CHRISTMAN: Under certain conditions could something like that be approved, like if a doctor recommended it?

MS. SMITH: They're all individualized.

MR. CHRISTMAN: So it's possible it could be approved.

MS. SMITH: If it meets the criteria in the regulation then, yes, there is a -- I

mean all of those are reviewed.

MS. BROTHERS: But this KRS 113A.130 prohibits an administrative body from modifying an administrative regulation by internal policy or another form of action.

MS. SMITH: It has not been modified. There was clarification given for a vendor that was inappropriately applying language in a regulation. The regulation itself was not modified and the policy on the regulation was not modified. The behavior of the vendor was changed.

MS. BROTHERS: Okay. Okay. What about -- my next question is on college for individuals. Anything with college, like if they're able to do with like -- go to college and they're able to get community access --

MS. SMITH: So it's potential that the individual could have somebody that goes with them.

MS. BROTHERS: Right.

MS. SMITH: But the tuition itself, there's other means to pay for that. There are grant money, there's other means to pay for that and that is, you know, again, it's going to be

on an individual basis and what that person's needs are and that person's plan.

MS. BROTHERS: But we're having incidents where it's approved and then taken back away. I guess that's --

MS. SMITH: So I need those examples sent to me where it was approved and then retracted, because once an approval is issued, typically we will not take that back because we -- once that approval has been granted.

So I need those specific examples so that I can look into that.

MS. BROTHERS: I'll give you that before I leave today.

MR. CHRISTMAN: Are you okay now? Did you get all of your questions answered so far?

MS. BROTHERS: I'll come back if I need to.

MR. CHRISTMAN: I didn't mean to rush you.

MS. BROTHERS: That's okay.

MR. CHRISTMAN: Okay. Just on the overall waiver design update, any changes in the dates?

MS. SMITH: We are right now -- we have one more day to finish going through public comment responses. So that will be coming out, our response to the public comments as well as any updates that we need to make to the waiver. And there's one that we had already passed out, there was a letter that went out yesterday, we received a lot of questions about ADT being provided in an adult daycare, that was not changed in the waiver.

MR. CHRISTMAN: Is that what this letter refers to here?

MS. SMITH: Yeah. That it was -- that's still a service. And in fact, in the waiver adult day care under ADT were specifically listed as an available provider. So that was not changed, as well as clarification about Appendix J.

I know there were some individuals that were concerned about the rates but Appendix J is historical cost averages. It's based on the 372 reports which are 18 months in arrears. So that does not reflect rates. Appendix J is based on cost estimates and based on those cost reports. It is not the specific rates for a service so

you can't make a one-to-one correlation with what the billing rate is right now.

MR. CHRISTMAN: It kind of looked like it was reflecting the rates.

MS. SMITH: It should because your cost is going to -- you know, you are going to expect people to be billing close to the rate. So it's going to look similar but it's not a one-to-one match.

MR. CHRISTMAN: So you are projecting the costs are going to go up I guess; right?

MS. SMITH: Right, they will once we catch up to where the rates --

MR. CHRISTMAN: That's what J was saying.

MS. SMITH: Yes. So once we -- because the reports are 18 months behind. So once we catch up to when the rate increase happened, then you will see the cost projections also go up because we're spending more because the rates were increased.

MR. CHRISTMAN: Okay. I think I understand that. So you have -- what ends tomorrow, your review --

MS. SMITH: Our review of the public

comments. And so once that is done we finalize all of that together. There were 772 or 77 total comments. Once we respond -- we'll have a response to those, we'll make updates to the waiver. Then an update will go out and then it will go to CMS with the record of public comment and the actual applications.

MR. CHRISTMAN: Okay. So if we're going to make any changes -- so you might make some changes based on our discussion today, is that --

MS. SMITH: There have been some minor changes based on public comment that we have found where the wording maybe needed to be clarified. There has not been anything substantial enough that they would have to go back out to be reviewed again. It was more, I didn't really understand this the way it was stated, didn't make sense. And then we will release the response to the public comments as well.

MR. CHRISTMAN: Well, I know you probably can't answer this but is it possible based on what you hear today that you might delay -- you might hear something today?

MS. SMITH: So every day -- even though the official public comment period is over, any feedback that we receive, that is constantly taken into consideration.

MR. CHRISTMAN: So we're still -- so this discussion we're having today --

MS. SMITH: Right. It's just that we will not respond in writing to anything outside of those -- of that public comment period. That is a very official process.

MR. CHRISTMAN: Right.

MS. SMITH: But any comment -- we're still getting e-mails to the public comment box and encouraging people to send those.

MR. CHRISTMAN: Right.

MS. SMITH: So all of that is taken into consideration.

MR. CHRISTMAN: And specifically like this morning's conversation.

MS. SMITH: If there's something that comes out of today, yes.

MR. CHRISTMAN: It's possible it could --

MS. SMITH: Then I would go back and discuss it with the group, yes.

MR. CHRISTMAN: Thank you.

MS. SMITH: Then the next notable event that's happening with redesign is that we will -- we're going out in June, that calendar will be published soon with the locations and dates and times.

Something we're doing new this year, and it was based on some of the feedback we received from state coders, is we're going to have an hour meet and greet prior to where I will have staff there that are able to address individual questions about particular situations that are normally -- that we don't handle during the forums. We also will have a Q and A session at the end of the town hall.

We have to because of time -- what we will do is pass out cards for people to document their questions on, we'll collect those prior to the end. We'll answer everything that we can in the time that we have and what does not get answered, as well as all of the questions that get answered, will be sent out once the town halls are finished so that everybody has a record of all of the questions and answers.

MR. CHRISTMAN: Just to make sure

that I understand, these town forums will be handled after you submit this application to Medicaid; is that correct?

MS. SMITH: The time, yes. So it will outline what --

MR. CHRISTMAN: What you have sent?

MS. SMITH: What we've sent, yes.

MR. CHRISTMAN: So is there time based on these forums -- will there continue to be adjustments to it?

MS. SMITH: So at the point that we submit the applications, then it basically is in the hands of CMS. So at our point they are in a finalized format for the first phase. And so based on the feedback we get from CMS as to whether or not additional adjustments are made.

What we are currently working on is writing the regulation as well. So there will be -- those will be close to finalized when we start the public town halls but not completely submitted yet. So it's possible that it might -- that there might be changes to those.

Or if there's something that comes up during the public forums, or there's some type of big change that we need to respond to,

there's nothing that prevents us from talking to CMS and saying we need to change this.

MR. CHRISTMAN: So that's still in flux?

MS. SMITH: Yeah. The problem is the more we delay responding, the longer any change is delayed. So we have to get to a point that we can say this is phase one, these are the changes we want to make, go with those and then, you know, we're continue -- waiver redesign doesn't end with phase one.

So you know, the end of this year when we're planning to implement all of the initial changes based on, you know, hopefully we get all of our approvals in place from CMS and get our regulations, we begin immediately going into phase two. And actually we're already noting things for phase two that we want to change.

But as we told everybody during the forums we have to get to a point of stability where we can measure things and have consistency and all of that is being applied and then we move on to the next phase of -- you know, the rate study comes in towards the end of the year. So there will be -- we'll have to amend the

waivers when the rate study is finished. We'll have to amend the regs when the rate study is finished. So there's still constant change happening.

MR. CHRISTMAN: Okay. So there's yet another bite at the apple with the application to --

MS. SMITH: Yes, because we will be able to change them for rate study.

MR. CHRISTMAN: So what we're talking about today could be considered down the road.

MS. SMITH: Uh-huh. (Affirmative.)

MR. CHRISTMAN: Wow, that's really a -- I'm glad you have got your arms around it. So I guess the point is it's really going to be in flux for some months now before you finally get done with the rates and the regulations.

MS. SMITH: Right. So until we do have the rate study completed and we submit the rates, it is still -- it will not be finalized until -- we will move to implementing at the end of this year. We're looking at early December is still our target date.

But then we immediately go into what's the next phase? The monitoring of the changes,

was it effective? What else do we need to do? What feedback have we received since we've done these things?

MR. CHRISTMAN: My understanding too, and we talked about this but in terms of what Navigant has recommended that the regulations become less proscriptive, simpler.

MS. SMITH: Uh-huh. (Affirmative.)

MR. CHRISTMAN: So that you are more nimble, I guess, through guide books.

MS. SMITH: We are going from having 20, 30, 40 page regulations. We have broken the regulations out in separate topics, so all of the provider requirements will be in one regulation. All of the, you know, anything to do with appeals and grievances, it's going to be in one regulation.

We're going to have one regulation that deals with definitions just so that every time we change a definition we don't have to open 15 different regulations to change it. So we're trying to very much simplify how those are to make them more readable, more understandable.

And then we are reintroducing handbooks, guide books, we'll have the case management and

the general help desk that individuals can call in, but case management also will have availability to a subset of people that when they run into situations where they really need advice that there will be people there to answer their questions.

MR. CHRISTMAN: And of course, people have the opportunity to comment on regulations -- what I hear you saying --

MS. SMITH: Yes, there will be a separate public comment --

MR. CHRISTMAN: They will be rather simple regulations?

MS. SMITH: We are -- so KRS13A very clearly tells us how we have to do the regulations and there's things we have to abide by and how we write them. But we have a page limit that we are trying to not go over. So we're being very intentional about them having what they need in them but them being user friendly and them being easy to understand.

MR. CHRISTMAN: That will be good.

Anybody else have any questions about the waiver design, kind of the timeline? Okay. So these other things, most of these came up in

our discussion and looking at the application. This No. 6, I think there's mixed feelings on this. I think some people feel it's great and some don't like it because it makes more work for them.

Does anyone want to comment on this? What's being proposed on giving case managers more authority to authorize services, anybody have a feeling one way or the other?

MS. DELLECAVE: My name is Shawna Dellacave from the Council on Development Disabilities in Louisville.

My concern is the extra work that the case manager would be taking on. I'm curious if there would be a limit to the size of their caseload.

MS. SMITH: We are looking at -- we're doing studies right now on what our current caseloads are and there will be best practice standards that are put out. Because honestly, we have found in some agencies that there is no way that the individual is able to do their job effectively with the caseload that they have. It's impossible.

One thing, though, that we're hoping --

so there's a lot of training that's going to go into this. There's a lot of guidelines that will be in MWMA and that will be a lot of point and click. So if you have a question about a service, there will be limitations and guides built into MWMA that will help them as they put those in.

It really, in the end, is going to make things more efficient because there's not going to be a three-day turnaround time waiting for Care Wise to review the services. There's not -- for the majority of them, now there's some services that are still going to undergo review. Exceptional services, for example, any of your high dollar more clinical-based services will still undergo a review but it's by cabinet staff.

But they will get immediately as they're putting the information in MWMA, if it's a very basic plan of care, they're going to get an answer right there. And they will know before they exit MWMA if it's approved or not. So there won't be having to go back and check waiting for the letter. It will be right there.

MS. DELLECAVE: My other concern is

sort of on the other end of the help desk that's being created, I think it's such a wonderful resource, as long as it's staffed by people who have had the experience.

MS. SMITH: It will be internal -- it will be staff that have waiver experience. They are being brought on -- any new ones are being brought on several months prior to the implementation so they get that experience and get that understanding.

They also will have variable resources available at a click that will specifically go through, you know, if this, then that. And then they have clear escalation points. If they get to something that they can't answer, our goal is to not have this, I'm sorry, somebody needs to call you back, or you need to call this person. It's to be a one-stop shop where this person is able to take care of what they need; or if they can't do it they have somebody they can reach out to that can help them.

MS. DELLECAVE: I think a lot of things could be mitigated if a lot of time and effort is given to that help desk and the qualification of that staff.

MR. CHRISTMAN: Any other comments on this issue or concerns?

I just want to say personally I think most people think this is a positive thing and I really think it's good that we're looking at case management and trying to make it more consistent and make sure that case managers are knowledgeable. I really think this is going to be a good thing.

MS. SMITH: There's a lot of training that's being developed right now. There will be a lot of training that happens before this gets implemented.

MR. CHRISTMAN: I think that's a really good thing.

Well, we've covered the reimbursement rate issue; right? There's not going to be any changes in the reimbursement rate until the Navigant study comes out.

MS. SMITH: Right. Until we have the methodology and the baseline we cannot make changes to rate.

MR. CHRISTMAN: Okay. This next one is really, I think, a big one here. As we understand it like if someone is an AD -- like

they're at an ADT program and they're getting behavioral supports but they can only get one service at a time and it can't be billed simultaneously.

MS. SMITH: There's a clarification coming out about that, and we're clarifying that in the waiver. So that is the one exception. Because behavior, they're either observing, they're training. So those can coexist.

This is more like they're at ADT and somebody is doing personal care too. Or you know, you can't have those -- those types of services. But there is a clarification coming out on that and we are clarifying it in the waiver.

MR. CHRISTMAN: Good. Is there any concern about any other service?

MS. SMITH: That's been the one that we received the comments on.

MR. CHRISTMAN: Any other concerns about this issue of simultaneously billing other than the one we just mentioned?

MS. JACOBI: Aji Jacobi. It says the person-centered coaching cannot be billed concurrently with other services as well,

however, that's performed a lot of times in day training services. So it kind of runs along the same lines of behavioral supports. They're not performing a service directly, sometimes they're monitoring the plan.

MS. SMITH: I can go back and look.

MR. CHRISTMAN: Anything else on that issue?

Did you bring -- this is the issue you shared with me, Sherri. The $1,500 limit, is that --

MS. BROTHERS: I always have a lot of problems with goods and services. Because I just feel like a lot of our families and individuals, that's where they're affected a lot is with goods and service. That's where I receive a lot of concerns, which I've already expressed a lot of.

I said, you know, it's like the YMCA memberships and the college and just a lot of things that they're trying to get -- they just feel like they're getting a lot of cuts and stuff.

Back to that YMCA, you know, one of them actually went to a hearing and, you know, what I

was saying earlier with this KRS 13A.130, you know, they referred back to that blanket like I was saying earlier, the blanket exclusion of gym memberships.

So I just want to say how important it is for these individuals to be -- to have access to the YMCAs and what a difference that it does make in their life, because a lot of the individuals have like coexisting two or three health, you know, concerns. It's not just one thing. They may have two or three underlying health conditions.

And these YMCAs, it's community access. It includes them. It does so many things for them in their life. So when you are going back through and you are thinking about all of these things, I mean, please consider that. I just want to say that for our individuals and families because it means a lot to them to be able to have that access in their communities.

I mean we're doing that program right now and it just makes a difference in their life and, you know, for them to be able to be sitting beside somebody else and, you know, they're talking to them and they're out in those

communities.

MS. SMITH: Our goal -- our hope is that when person-centered planning is happening that it's not just somebody looking at waiver services and what's going to get paid for through waiver services, that they are comprehensively looking at -- because the goal is to build the individual support network outside of waiver as well. It's not waiver should be the only thing.

So I understand that sometimes financial is a barrier and, you know, the waiver is there to support as much as it can. But providers also need to be -- and we need to encourage our individuals that we try to include in their plan other outside networks, what are other things they can do. It shouldn't all be about the waiver because then you just have institutionalized them inside of the waiver.

So that needs to be part of the person-centered plan and looking at other ways to support them and other activities that they can be involved in and ways to integrate them into the community. And we're going to do a lot of work and training on person-centered planning

because we have identified that as a huge need based on what we see. We do not have very good person-centered planning in most situations.

MS. BROTHERS: But a YMCA is a community access --

MS. SMITH: So I'm not going to address the YMCA specifically because that is a specific issue. If you give me the examples, I will look at it and I will get back to you.

But we've got a lot on the agenda and I want to make sure we have time to get to everybody.

MS. BROTHERS: Okay.

MR. CHRISTMAN: Streamlining of supported employment training. I think -- and I realize you don't conduct this, you hire this through IHDI. But I think the way they're doing it, and others I believe will agree with me, it's inconvenient, particularly for people that don't -- organizations that are far away from Lexington. I think it's overly long. I think it ends up being an impediment to people delivering this service.

And I don't know if you need to talk to -- I'm just giving my opinion and other

people can obviously comment as well. But talk with IHDI, see if they can streamline it. If not, put it out to bid and let somebody else bid on it. But I think the way it is right now, it's just not working very well.

MS. SMITH: So what -- we are evaluating all trainings right now. So we will address it through that point. And then also if you can, you know, if there's some specific examples or things that you want to send me in the meantime we can look at and we can address.

MR. CHRISTMAN: Does anybody want to briefly comment on that? Are you having problems -- like are you having problems with the training aspects of support employment being sort of inconvenient or it's too extensive?

MS. MARVEL: I'm Melissa Marvel with Zoom Group. And I would say, because we've got people going through it right now, it's too drawn out.

MS. GARDNER: I'm Karen Gardner. And I do agree, it's kind of -- I can't really give you an example because a lot of it's just that we've got to -- because we've got to jump so many hoops, we just don't simply go ahead and

jump those hoops and go through all of that training for folks. It's just -- I don't know if we want to do that.

And I want to address support employment as a whole. We had a pretty large supportive employment program, quite a few folks employed, prior to all of the changes and the way support employment is being done. And our support employment has really decreased. And a lot of it is just simply the barriers and the number of hours that get approved and just the whole -- you know, you have got to do this and you have got to do this, and all of those different billing categories.

But I just know that it has really put a damper on what we do. Our program is probably half the size it was prior to the change and the way it was being done. We have about half the staff. You know, you put all of that into a staff person, the training, and then next thing you know we're going and working for somebody else who can pay them 50 cents more or something.

And then we're like, we'll train somebody and off they go again. But it has made a

difference in our program, our services, for folks.

MS. SMITH: What I would like, anybody that can send me just -- even just what you said. Just so that I have it in my e-mail. It's very easy. It's pam.smith@ky.gov. If you will send that to me so I have that. Because I've taken notes but I want to make sure that I haven't forgotten something or left something out so we can address that. Because we want our individuals to be more in the community, we want to encourage employment when they want that. So we don't want there to be barriers to accessing the services that can help with that.

MR. CHRISTMAN: I just want to say we do a lot of support employment through the Office of Vocational Rehabilitation but we haven't figured out to how do it through the waiver. We can't figure it out. It doesn't seem like it's going to work. You know what I'm saying?

MS. JACOBI: Aja Jacobi again. Along that line, part of the problem with the training is if I don't get someone into that initial class, because it's scheduled in October and

then I have to wait until it comes back around again. So --

MS. GARDNER: And all of that time who is going to be doing the support.

MS. JACOBI: Right. So sometimes you have PAs and you are not providing the service because you can't get those in when they are scheduled. So a suggestion would be for there to be more than one so if you miss one you are not waiting months and months to get someone back in.

MS. GARDNER: There's not a lot of providers in the area. Karen Gardner again. In our area. There truly isn't.

At one time there were several and people have just found it difficult, and more and more have dropped out. And I think there's maybe two of us left in our area who will even do it.

MR. HARVEY: I'll agree with that. We get bombarded by requests from Office of Voc Rehab because we're one of the few providers that will do it. It's challenging.

MS. GARDNER: And then we turn them down because we don't have that staff there.

MR. CHRISTMAN: Thanks for those

comments and thank you for listening. And we'll make sure we get these comments to Pam.

MS. HUGHES: I think if you can be more specific, right, Pam? About what barriers it is.

MS. SMITH: As much detail as possible.

MS. HUGHES: Tell us the specific barriers.

MR. CHRISTMAN: It's the training, it's the availability of the training, it's the amount of the training.

MS. MARVEL: And the way it's billed.

MS. GARDNER: Those categories are causing us a lot of issues.

MS. MARVEL: And the availability of training.

MR. CHRISTMAN: Geographically and chronologically.

Incident reporting timelines and designees. Who wants to comment on that? Who is -- I know we had some issues on that when we had our public policy committee?

Does anybody have any concerns about what's in the application? I'm trying to

remember. Somebody brought that up. I guess it's the idea that if it's -- do you have 24 hours to report it?

MS. SMITH: So we did a training yesterday and we actually maxed out. We were over 500. So we are -- I actually have a meeting right after this meeting to talk about that and to address the rest of the questions.

It was recorded. I'm looking at whether we are going to have another live one or it's going to be just the recording with -- the guide -- once we release that, the guide is very, very helpful. Line by line, it has examples. There was, based on some of the questions yesterday, some things we needed to tweak. So we haven't released the instructional guide yet. But that is part of what we're meeting on at 12. So we are looking at, you know, what information --

MR. CHRISTMAN: And the designee I think was a problem, who actually can submit the report.

MS. SMITH: So at this point with the interim process we -- in the instructions, and what we've said is it really should be the

provider where the incident happened that should be submitting the incident report. However, we expect everybody to work together. So the case manager is notified. If the case manager finds out later that a report wasn't submitted, then we expect a report to still be submitted by someone. I would rather have two than have none. So I think that instructional guide will answer a lot of questions.

MR. CHRISTMAN: So you are on top of this one.

MS. SMITH: Right. And we are in the process of the electronic solution which will be MWMA. This interim solution is a stepping stone, so it will get -- we're making changes to MWMA and then with that we will be re-on-boarding the DSP so they have access to submit into MWMA.

So that is in the future. It's coming, but we are working through all of the changes right now.

MR. CHRISTMAN: Case management financial management. As I recall this relates to the consumer-directed option in which what the aging authority or the behavioral health

authority is the designee for the fiscal matters, am I saying that correctly? And you were going to --

MS. SMITH: For an FMA, so in this phase we could not change that. So it had to remain the structure that it is, which is the CMAs and the ADDs.

MR. CHRISTMAN: So that's not going to change?

MS. SMITH: That is not getting in this initial phase. We are looking at, in future changes, whether we do a procurement and that to be a sole vendor or two vendors. We're looking at changing that in the future but we could not change it in the first round.

MR. CHRISTMAN: I know there was a person on our call that works for a behavioral health organization and they found when it's split between themselves and a case manager, it's hard to work.

MS. SMITH: Well, and we are working very much on delineating the responsibility and making it clear who is responsible for what functions. So hopefully that will help in the meantime too.

MR. CHRISTMAN: I missed one. Thank you.

MS. BROTHERS: You are welcome.

MR. CHRISTMAN: Elimination of CLS for children through Michelle P. Waiver.

MS. SMITH: Somebody has to help me on this one because we didn't eliminate CLS.

MS. SCHWINDEL: You did by age is what I understand.

MS. JACOBI: Aji Jacobi. What I understood is that you replaced CLS and CA under Michelle P. It's turned into -- like it's in this thing -- CA has to be done outside of the home where CLS could be done inside the home. They can get personal assistance but only if they're over the age of 21.

So essentially those kids that were getting CLS inside the home will no longer be receiving a service such as that inside the home.

MR. CHRISTMAN: And you would say the community access is not appropriate for children?

MS. JACOBI: Right. Community access is to increase independence into the community,

it's not appropriate for a five-year-old to be independent in the community. So there -- and then it's going to be pushed over to EPSDT.

MS. SMITH: And that is something that's a requirement, that's a federal requirement. Because EPSDT as a benefit will cover any service that is medically necessary for a child under the age of 21.

However, if there is not a mechanism to provide it through the state plan, then we can pick it up through the waiver. So all of that is considered. And it's not a blanket -- if it's approved for one, it will be approved for the other; or if it's denied for one, it will be denied for the other. It is very individualized. It is based on that child and that child's needs.

I will look into the crosswalk and it being changed to community access because that was not the intent to remove CLS from Michelle P. So I will check into that.

MR. CHRISTMAN: That's good.

MR. HARVEY: Just for clarification purposes, I think what Kitty was saying is that it's not completely removed, it's just been

modified where you have to be 21 or older.

MS. JACOBI: For personal assistance.

MS. SMITH: That is as much because of the EPSDT, because federally we have to if that is available through the state plan service, it has to go there first.

MS. JACOBI: If it does have to go there, would there be a delay to it? I worry about the kids that are getting it right now and people that aren't certified through EPSDT and they lose their staff and don't have time to switch it over.

MS. SMITH: So that is in effect right now, so it shouldn't be anything that's switching over. So I'll go back and let me look into it a little bit more and let me see what's going on.

MS. RUTH: Tracy Ruth with Kaleidoscope. Some confusion I think with that specific thing when I read it with the children is currently it's called, under Michelle P., CLS. And we're being told under EPSDT that personal assistance should be covered for over 21. But the wording, and the way I read it, was CLS was being changed to personal assistance.

So I think by changing the name of a service -- because personal assistance, they're going out and helping them bathe, groom, that's one thing. But CLS under true CLS if you are renaming it to personal assistance, then that's covered under EPSDT but it's not the same thing.

So I think that was why it didn't make sense or that's why --

MR. CHRISTMAN: Does that make sense to you?

MS. JACOBI: Yeah, except for the 21 and under piece.

MS. SMITH: Personal assistance under Michelle P. is specific to what you said, they have to be 21 or over to receive personal assistance. So you still cut it out of the kids. But like you said, it might be under EPSDT and I don't know EPSDT as well as the rest.

MR. CHRISTMAN: Any update on electronic visit verification, how that's being implemented?

MS. SMITH: There is -- I can't really speak a whole lot about it but the RFP will be released soon. So I can't really -- I

can't talk about it. But...

MR. CHRISTMAN: What services do you think will be subject to --

MS. SMITH: It will be outlined in that. And we're complying with what federally we have to comply with. So...

MR. CHRISTMAN: Okay.

MR. CALLEBS: Since it's an RFP -- Johnny Callebs -- has a decision been made that a single statewide vendor is being --

MS. SMITH: I can't comment. I can't comment.

MR. CALLEBS: Okay.

MS. HUGHES: Sorry guys, but we have to follow Model Procurement Laws or we have to start completely over again.

MS. SMITH: And I don't want to go to procurement jail.

MS. HUGHES: That creates a whole lot of issues for us if we don't follow those procurement guidelines.

MR. HARVEY: So we don't have the right security clearance to get that information.

MS. HUGHES: There is no security

clearance to get that information at this point anyway.

MR. CHRISTMAN: Okay. We're getting close to the end here. Thank you for providing this in a table form again. The waiting lists.

MS. SMITH: I will tell you on Michelle P., we just allocated another 322 slots on 4/15. We are allocating every 90 days.

MR. CHRISTMAN: Say that again.

MS. SMITH: We're allocating slots every 90 days for Michelle P. We did 322 on 4/15 for Michelle P.

And I was looking because Alicia sent me information. So we allocated 250 in January, this 322, and then so mid-July we'll allocate another probably 350. Our rate for actually having people to even complete the assessments is less than 50 percent. But because of the appeal -- we have to wait the full 90 days because individuals that -- there's a set of time to, you know, get the assessment complete and get it turned in. So we have to wait for that to happen and then if any individual does submit their assessment and it gets denied, we need to give them the full -- we have to wait

through the hearing process before we can --

MR. CHRISTMAN: Is the wait list still growing or has it tapered off?

MS. SMITH: It went up a little bit from this last time but we are -- it's not anything like it was in the beginning where we were growing hundreds per month. It has slowed down.

And we are looking, as we're rewriting the regulations, at a way that we can make a more standard process because we realize there are individuals on the Michelle P. waiting list that may be No. 4,000 and something but they need services more than somebody that's at No. 10.

So we have to look at -- but right now the regulation says they're added basically on a first-come first-served basis. So we're looking at modifying the regulation changes to fix that.

But in the meantime we're allocating just on a rolling basis to continue to try to get through all of them. I think we had a few people left in December of 2014 and then we've moved into 2015 for allocations.

MR. CHRISTMAN: At one time I think

we had said that the rate of approval was like ten percent that you found eligible.

MS. SMITH: That actually -- we're having --

MR. CHRISTMAN: That wanted the service.

MS. SMITH: There's about 30 percent that are actually responding. There's a lot that we get back returned mail and we do everything we can to try to contact them before we give up that slot. But there's a lot that just -- they get it because we send it out certified, so we get the green card back. But they never request an assessment.

MR. CHRISTMAN: So it's a long slot. Is it still the case through Navigant that -- are you still looking at a pediatric eligibility assessment?

MS. SMITH: That's in phase two that we look at assessment tools.

MR. CHRISTMAN: That's still there.

MS. SMITH: Yes. Not just pediatric but assessment tools overall. This phase that we're focusing on is training individuals on how to complete assessments, how to document the

assessments appropriately so that when you are evaluating them you actually have a true picture.

Because we what we found is there's some people that do a very good job with the tool that we have and it's very clear, it's like the person is sitting in front of you. And then we have others that there's just not enough information there. So our focus is on training and collecting data for this phase and then we'll move into looking at changes in tools for the next phase.

MR. CHRISTMAN: Because I think you said awhile back it's not so much you can't find the tool, it's getting the right people who can do the assessment.

MS. SMITH: Exactly.

MR. CHRISTMAN: Which is kind of different from what we've always heard that there was no tool, there's no such a thing --

MS. SMITH: Right. There is -- it's as much of a problem right now with how the assessments are being documented as it is with the tool.

MR. CHRISTMAN: Right. Any other

business?

MS. ELLIS-REEVES: I have a question. Mine isn't so much on how to get the help -- well, it is. At Oakwood they received eleven people who come in because the CAKY in Somerset was closed. One gentleman who had received services in the community his question was, what did I do wrong?

So is there a way -- you know, it's a shame that he has to feel that he had done something wrong. Is there a way that they can get services more and faster to get back into a community home, once they've been placed back out?

MS. SMITH: That process is being handled. And I really can't comment on that process and how it went. But we are tracking those individuals and monitoring them. So I'll work with DDID. I'm sure that we're probably even aware of who it is. So there are activities surrounding those individuals but I can't comment on it because of the situation.

MS. ELLIS-REEVES: Okay. And then another one was, we were also told that they were being -- their parents or guardians who

were getting them back because they shut down, take them to jail because they can't get in to find them housing. And they said it's not that I want to abandon them, but that's the only way I can get them help.

Is that a normal thing?

MS. SMITH: No. And there was coordination with all parents, guardians. So if there are specific examples of that that individuals know, if those can be shared and we will follow-up on those.

But we were very involved in the processes and aware of all of the individual situations. So if there are -- if you have any of that information or you know someone, if you can have them to e-mail me and then I'll share that.

MS. ELLIS-REEVES: Thank you.

MR. CHRISTMAN: Another question that deals with the scope of this committee, it relates to support employment and other things too, but people who are under state guardianship don't get to get their paychecks, is that something that we can bring someone in from guardianship into these meetings to talk about?

It's really a disincentive to work if you don't get your paycheck.

MS. SMITH: If you can put that on the next agenda.

MR. CHRISTMAN: Is that possible to get someone from guardianship to talk about that?

MS. HUGHES: Somebody would have to tell me who that would be.

MR. CHRISTMAN: Does everybody agree that's kind of an issue?

MS. GARDNER: Yes, I agree.

MR. CHRISTMAN: Any other business? Go ahead, Johnny.

MR. CALLEBS: I had a couple of questions about case management and Michelle P. Waiver. It looked like in the application that, going forward, any certified case management agency would be able to do participant-directed case management and that it not be limited to --

MS. SMITH: For case management, yes. Physical management, no. The only exception is HCB because it's bundled together. But we did try to expand case management out in all of the other waivers.

MR. CALLEBS: So that any person who opts to do participant-directed services could select any certified case manager of their choosing?

MS. SMITH: Uh-huh. (Affirmative.)

MR. CALLEBS: Okay. And then it also looked like the service unit was changing in Michelle P. to a monthly unit.

MS. SMITH: Right, Michelle P. was the last one that was on 15 minute units. So we standardized the whole -- so the rate still remained the same thing, it just changed to being a monthly unit versus four 15 minute units.

MR. CALLEBS: It says $350 a month and the -- you know, at the end of the document we have Tiers 1 through 5.

MS. SMITH: So when you look at -- so in Appendix J at the end?

MR. CALLEBS: Yes.

MS. SMITH: So that was based on the historic cost so that's not the actual rate. When the regs are released they will have -- phase one will have the original rates. We are not changing any rates today. So that will be

four times whatever that 15 minute unit rate is. And then we will update all of that as well as the payment regs when we -- when rate study concludes. And if we make any changes or what changes we make.

MR. CALLEBS: So the rate will essentially be 200 a month, Michelle P?

MS. SMITH: I don't know off the top of my head what the unit rate is right now.

MR. CALLEBS: Thank you. And for HCB it will remain?

MS. SMITH: HCB, it remains bundled because we could not, since it was bundled -- the support broker and financial management were bundled together so we couldn't separate them in this round. So HCB remains just those particular vendors.

MR. CALLEBS: There will be an intent to unbundle it later?

MS. SMITH: Yes. We can with rate study, we'll be able to do that when we have the rate study methodologies.

MR. CALLEBS: Thank you.

MS. BLACKWELL: Alice Blackwell, DDID. You might want to clarify with Johnny,

because you had made a comment about they could choose any qualified case manager but remember we still have the conflict free --

MS. SMITH: Thank you, Alice.

MR. CALLEBS: Yes, meeting that standard continues. Thank you.

MR. CHRISTMAN: Anyone else? Is our next meeting July 10th? Am I wrong?

MR. HARVEY: Yes.

MR. CHRISTMAN: Okay. Then we're adjourned.

(MEETING ADJOURNED AT 10:56 A.M.)

STATE OF KENTUCKY)
COUNTY OF FAYETTE)

I, SUSAN R. ELSENSOHN, Certified Court Reporter and Notary Public, State of Kentucky at Large, certify that the facts stated in the caption hereto are true; that said testimony was taken down in stenotype by me and later reduced to typewriting, by computer, under my direction, and the foregoing is a true and complete record of the testimony given by said witness.

No party to said action nor counsel for said parties requested in writing that said deposition be signed by the testifying witness.

My commission expires: September 9, 2022.

In testimony whereof, I have hereunto set my hand and seal of office on this the day of , 2018.

SUSAN R. ELSENSOHN
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